Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

Health Care Benefits
February 15, 2007
Meeting Minutes

Attendees: Elise Barlette, Laura Henry, Garell Jordan, Mary Beth Joublanc, Cheryl Prescott

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Cheryl Prescott	Ms. Prescott welcomed committee members and introductions were made around the room.	
Review of 11-16-06 ISG Health Care Benefits Meeting Minutes	Wendy Benz	The 01-25-07 Minutes were accepted by committee consensus.	
Follow up on assignments from last meeting:			
• Definition of CYSHCN	Laura Henry	Laura Henry compiled different state and federal definitions for children with special health care needs (CSHCN) to discover a definition for search purposes. The committee is following close to the Medicaid definition for CSHCN. The Office for Children wish Special Health Care Needs (OCSHCN) follows the Maternal Child and Health Bureau (MCHB) and the Medicaid definition for the ALTEX population. There is not a tight definition for CSHCN's. **SSI** Physical or mental condition that seriously limits activities **and** The condition must have lasted, or be expected to last, at least one year or result in death **Leaves the overall disability determination up to the individual states	

Medicaid
Fall under "categorically needy" groups
Institutionalized individuals with limited income and resources
Persons who would be eligible if institutionalized but are receiving care under home and community-based services waivers
SSI recipients

AHCCCS/ALTCS
Blind or disabled individuals who need ongoing services at a nursing facility level of care
Not required to live in a nursing home

MCHB
Those children who have, or are increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children generally

Ruth Stein, et al (1993): Commonly used in medical home publications
A chronic condition must: 1) have a biologic, psychologic, or cognitive basis, 2) have lasted or is expected to last at least one year, and 3) produces one or more sequalae including:
Limitation of function, activities, or social role; dependency on medications, special diets, medical technology, assistive devices, or personal assistance to compensate for limitations; the need for related medical psychologic, educational, or other services over and above the usual for the child's age; or require ongoing treatments, interventions, or accommodations at home or in school

Balance Budget Act definition is commonly used for Medicaid. Garell Jordan visited the Center for Health Care Strategies (CHCS) website. It takes the MCHB definition and makes if more defined. CAMI screening tool identifies diagnosis codes for CSHCN. The committee may need to do a statewide

		survey.	
• Data sources	Garell Jordan	Who do I focus my resource on? First cut, anyone with the diagnosis? Second cut, who is utilizing services? Third cut, who has combination conditions that put them at further risk? It is not enough to use the ICD9 in a search for CSHCN. The committee needs a clinician to tell what are the clinical outcomes and risk? What procedures we should be looking for? The number of unique members we have 7-10 percent churn rate of people rolling on and off or Medicaid. This is true unenrollment over three years. For CRS children also drop off, but where do they go? Private health insurance? The committee could conduct a survey to administer to members that have unenrolled.	• Cheryl will look for data on how many people fall off CRS, and look at where they might have gone. • Cheryl will check into surveys that OCSHCN had already conducted.

• State free sources of data
    o AHCCCS
    o AZ Health Query
	Mary Beth Joublanc	Mary Beth called Bill Johnson from Health Query and he will be attending March Health Benefits meeting. She also talked to the State research library. As far as Health Query can help with data research they need specific description to run data. They can pull commercial insurance also. Heath Query is growing but not statewide. They have all the community health centers. All of the large health systems in Maricopa and Pima. They most of the data in Yuma. The Arizona Department of Health Services is where data comes from. Health Query has data from CRS, AHCCCS, Senora Quest, lab data and results and Health Net. United Health, Sigma, Humana, GE, Honeywell, Intel, SRP, State Employee is over at Health Query.	• Mary Beth will ask Bill Johnson for a data dictionary and fields for Health Query.
			• Before the March meeting have loose specifications for Bill Johnson
			• Cheryl will talk with Cynthia Layne to discuss a possible budget for a possible survey.

• Preventing negative outcomes	Laura Henry	Preventing negative outcomes 1. Duplication of services 2. Hospitalization rates 3. Emergency room usage 4. Institutionalization	

		5. Abuse/neglect 6. Poverty 7. Substance abuse 8. Mental health issues	
Direction for Committee Action Plan for Objective 1		CSHCN Links http://www.cdc.gov/nchs/about/major/slaits/cshcn.htm http://www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html http://www.chcs.org/usr_doc/CSHCN_Toolkit.pdf http://www.chcs.org/usr_doc/Toolkit.pdf http://www.cshcnfinance.ichp.ufl.edu/	
Next Meeting		Thursday, March 15, 2007 10am-12pm ADHS Bldg.; Room 345A	